MEDICAL LEAVE REQUEST FORM

NOTE: For use only with requests for Family & Medical Leave, Family Illness Leave, and/or leave without pay due to medical reasons (including major disability, and parental leave). Not for use with routine sick leave.

Date of Request:	☐ New Request	☐ Supplement to Previous Request

I. EMPLOYEE DATA

Employee Name:			
Dept Name:		**Work Phone:**	
Banner ID #:		**Home Phone:**	
E-Mail Address: (Approval sent via e-mail)		**Cell Phone:**	
Appointment:	☐ Permanent ☐ SHRA ☐ Temporary ☐ EHRA	☐ Full-Time ☐ Part-Time – Hrs/Wk:	
Supervisor Name:		**Spvsr Phone:**	

II. MEDICAL CONDITION INFORMATION

Leave Selection(s) (check all that apply)**:**	
☐ Family & Medical Leave ☐ Family Illness Leave ☐ Leave Without Pay	☐ Military Caregiver/Qualified Exigency
Submit Applicable Medical Certification Form to the Office of Human Resources: WH-380-E for Serious Health Condition of Employee WH-380-F for Serious Health Condition of Family Member	

Reason(s) for Requiring Leave:
☐ Serious Health Condition of the Employee
☐ Serious Health Condition of a:
☐ Parent ☐ Child ☐ Spouse ☐ Covered Military Member
☐ Qualified Exigency for National Guard or Reserves
☐ New Child:
☐ Birth ☐ Adoption ☐ Foster Care Placement

Attach Medical Certification Form(s) if required:	Second Medical Certification Required?	☐ YES ☐ NO	Date of Exam:	
	Third Medical Certification Required?	☐ YES ☐ NO	Date of Exam:	

III. MEDICAL LEAVE REQUEST

If requesting a medical leave of absence:	Start Date:		End Date:	
If requesting a reduced work schedule:	Start Date:		End Date:	
	Hrs/Week:		Work Schedule:	
If requesting an intermittent work schedule:	Start Date:		End Date:	
Expected Frequency of Absences:				
Expected Duration of Absences:				

IV. EMPLOYEE SIGNATURE

Do you want to exhaust leave? ☐ YES ☐ NO If uncertain, please contact the Leave Specialist at 910.521.6767 to review leave options. **For paid leave, faculty must also request Faculty Serious Illness & Disability Leave.**

Employee's Signature	Date

Supervisor's Acknowledgment of Request for Leave

Supervisor's Signature:	Date

(Rev. 07/2024)

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V. ROUTING OF DOCUMENTATION

Submit this Leave Request Form along with Medical Certification Form(s) and any supporting documentation to:
Attention: Benefits Consultant, Office of Human Resources (OHR), Lumbee Hall Suite 347, PO Box 1510, Pembroke, NC 28372
Fax: 910.521.6553 / Tel: 910.521.6279

FACULTY:
In addition to submission of this form with Medical Certification to the OHR, you must also submit the Serious Illness & Disability Leave for Faculty Request Form to your Department Chair.

VI. FOR OFFICE USE ONLY

Family & Medical Leave:	☐ Approved	☐ Denied	☐ N/A	**Notes/Comments**
***Family Illness Leave:**	☐ Approved	☐ Denied	☐ N/A	
Signature – Human Resources:				**Review Date:**

*Note: If eligible for FMLA, the employee must exhaust FMLA prior to using the Family Illness Leave option.

(Rev. 07/2024)